MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06034 Reg. Dist. No.

n. COI	of DEATH UNITY Omerset	, .			MARYLAND	2. USUAL RESI	-	ere deceased li	b. COUNTY	n: Residenc	e before ad	mission)
RUR	Y OR TOWN (If AL and give nec		ls, write	c. LENGTH OF	ime	e. city or		_	e limits, write R	URAL and g	ive nearest (lown)
d. NA		L (If not in hospital, g	ive street	A SHARKS	54.004.70	d. STREET A				1	0	RESIDENCE N A FARM?
3. NAME DECEA (Type	OF ASED or print)	Maggie Maggie	2	A	Aiddle	Barne		4. DATE OF DEATH	Mon	th	0oy 25	Year 1967
s. sex Fen	nale	6. COLOR OR RACE	7. MARI	RIED NEVER A	ORCED	8. DATE OF BIRT		9.	AGE (In years last birthday)		YEAR IF U	NDER 24 HRS. urs Min.
dutin	ng most of worki	N (Give kind of working life, even if retired 1116) _		ork	9.6	land	or foreign cour	itry)	I2. CITI	S A	HAT COUNTRY?
	ER'S NAME					14. MOTHER'S						
		enry Doan			1		ie H	argis				
15. WAS Yes, no, or		IN U. S. ARMED FOR Fyes, give wor or dates of s		SOCIAL SECURIT		arrie C	orbi	n Prin	Add		Maryl	land
Con	PART 1. DEAT 1201 Inditions, if one rise to im-	mediate Que To)	Hyj	nari	of the	ardi	basis	ular	Asia	ONSET A	L BETWEEN
CATION		er significant con				NOT BELATED TO			100	O EN IN PART	PE	AS UTOPSY REFORMED?
		UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)										
WEDICAL	TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	ar 20d. I While at wo		D 20e. Pl	ACE OF INJURY (ictory, street, office	e bldg., etc.	, 20f. (City of	r town)	{C	ounty)	(Stote)
aliv ACTI SIGN	re on M	at lattended the	b (that death	, 19.50 n occurred at m.D.20 //2	8:30			nd on th		he deceased tated abave. DATE SIGNED 5/26/6
22o. BUR	IAL, CREMATION	5/28/6T	OF .	COL 1	r CEMETERY C	OR CREMATORY		22d. LOCATIO	N (City, town,	or county)	((Stole)
	RAL DIRECTOR'S	SIGNATURE		ADDRESS	12		24a. REC'	D BY REGISTRA		TRAR'S SIG	NATURE	
Wil	lliam F	I.James J	r Pi	rincess	Anne	.Md	DATELAY	31'61	au	hun 8. 1	times	

HTADORDATE OF DEATH 1 - 1 - 1 - 1 - 1 - 1 - 1 A STATE OF THE STA

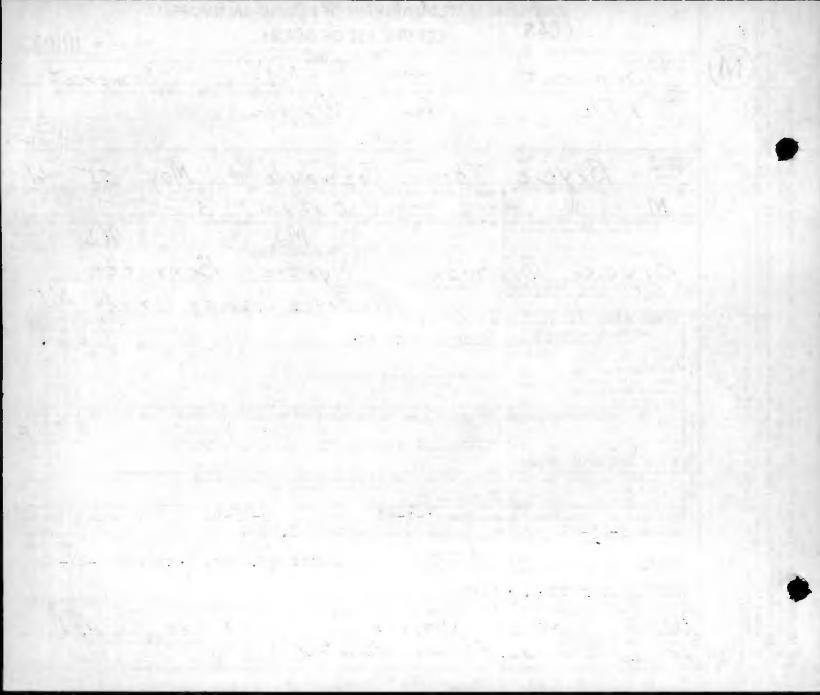
TO HOSPI

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

48	CERTIFICATE	OF DEATH
40	CERTIFICATE	OF DEATE

3010	CERTIFICA	ALE OF DEATH	Reg. Dis	. No. (161)35
1. PLACE OF DEATH o. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (Where dece	b. COUNTY Som	erset
b. CITY OP TOWN (If autside carporale limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside co	rporate limits, write RURAL and g	ive nearest lawn)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO 12
3. NAME OF DECEASED (Type or print) BY 4C C	Thomas L	ROZMAN JA 4. DATOF	1/1	Day Year 25 196/
5. SEX 6. COLOR OR RACE 7. MAR WIDOW		B. PATE OF BIRTH OC. 1. 12 1957	9. AGE (In years IF UNDER lost birthday) yrs.	YEAR IF UNDER 24 HRS. Doys Hours Min.
10a, USUAL OCCUPATION (Give kind af wark done 10b during mast af warking life, even if retired)	. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign	n country) 12. CITI2	EN OF WHAT COUNTRY?
13. FATHERIS NAME BYYCE BOZ	man	MUYTIE	Bennet	<i>t</i> .
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	S. Bryce Boz	man Orio	le Md.
18. CAUSE OF DEATH [Enter only one cause per	ine for (a), (b), and (c).]			INTERVAL BETWEEN
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last.	Neuroblastoma	104		6 mo.
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING 20b. DE (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	ease condition given in Part	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Port I or	Part II of item 18.)	
Hour o.m. While	f	tary, street, affice bldg., etc.)		ounty) (State)
21. I certify that I attended the decear alive an 5-25-61 19 ACTUAL SIGNATURE	Aully	accurred at 2.30PM	om the causes and on the (Street, city or town, state)	t saw the deceased date stated above. DATE SIGNED 5-27-61
PHYSICIAN'S Everett C.Sut		Too see	BITION (Ca.)	10
220, BURIAL, CREMATION, 22b. DATE THEREOF	22c, NAME OF CEMETERY O		7/0/e	Md.
135 JUNERAL DIRECTOR'S SIGNATURE	Frences A	nue me JUN 6	31STRAR 246. REGISTRAR'S SIG 261 Outling &	



CERT	IFIC.	ATE	OF	DE/	HT4

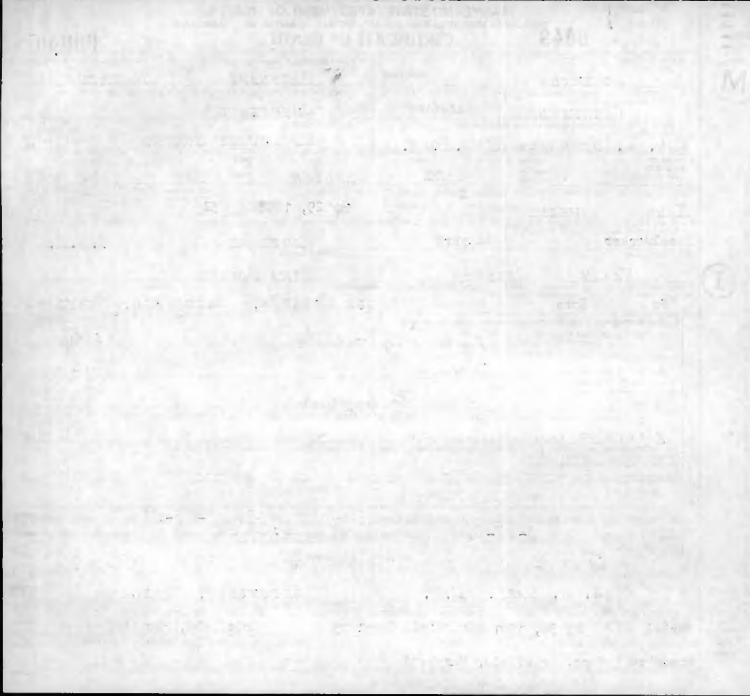
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1. PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESI	DENCE (When	re deceased liv	ed. If institution	on: Residence t	sefore admi	ission)
SOMER SE				MARYI	AND		SOME	RSET	
 b. CITY OR TOWN (If outside corpore RURAL and give nearest town) 	ote limits, write c. LE	ENGTH OF STAY IN 16	c. CITY OR	TOWN (If out	tside corporate	limits, write R	URAL and give	nearest 10	wn]
CRISFIE	T.D L	ifetime	30	CRISE	TELD				
d. NAME OF HOSPITAL (If not in hos		55)	d. STREET A		who shad find that				ESIDENCE
OR INSTITUTION	2.0	**		22 L	CUST	STREI	र क		A FARM?
EDW. W. MCCRE	ADY TIEMO	HOSP.				DIREI	5-2	153 [
3. NAME OF DECEASED (Type or print) TH(First OMAS	Middle FRANK	CHELT		4. DATE OF DEATH	MAY	th	27	19 6 1
5. SEX 6. COLOR OR	RACE 7- MARRIED	NEVER MARRIED	B. DATE OF BIRT	H		AGE (In years	IF UNDER TY		1
Mers	WIDOWED	DIVORCED [May 29	1908		lost birthdoy) 2 yrs.	Months Do	ys Hour	s Min.
MALE WHI 100. USUAL OCCUPATION (Give kind of	12					_ 21	112 CITIZEN	OF WHAT	COUNTRY
during most of working life, even if	retired)		OUTKI III, DIKIMPL	FE (SIDIE O	- weigh coon	****	12, 6111221	TO A	a coolding
Steelworker	Ship	yard		MARYI				1.5.	A.
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NA	ME				
HADDY	CHELTO) AT		NINA	HOWE	די דו			
15. WAS DECEASED EVER IN U. S. ARMI	ED FORCES? 16. SOCIA	AI	INFORMANT	11111		Add	ress		
(Yes, no, or unknown) (If yes, give war or to None	dates of service)		LLA CH	ELTON	V, CI	RISFII	ELD, I	MARY	LAND
18. CAUSE OF DEATH [Enter only	one couse per line for	(a), (b), and (c).]						INTERVAL	BETWEEN
PART I. DEATH WAS CAUSE IMMEDIATE CA	ED BY:	lie Mr	madit	id				3 da	
1	DUE TO		7-5-1-1-1					7	-
0000	1/	0.4						3	-
Gonditions, if ony, which gove rise to immediate	(b)	umis						2	
couse (a), stating the under-	DUE TO	D	1 1.	4				1/0 -	
lying couse lost.	(c)	nonic / y	longhim	44				790	011
PART II. OTHER SIGNIFICAN			UT NOT RELATED TO		IAL DISEASE C	ONDITION GIV	EN IN PART 1	PERI	FORMED?
5 Jugan much			House try			41. 14.		YES [NO
Part II. OTHER SIGNIFICAN Part III. OTHER SI	DEATH SINER)	HOW INJURY OCCUR	RED. (Enter noture o	of injury in Po	ort I or Port II	of item 18.)			
20c. TIME OF INJURY Month, Do	by, Year 20d. INJURY	OCCURRED 20e.	PLACE OF INJURY	Home, form,	20f. (City or	town)	(Cau	nty)	(Stot
Hour o.m.	19 White	Not while	foctory, street, offic	e bldg., etc.)					
	OI WOLK	ot work	1 .		400	5 07	0.4		
21. I certify that (I) (this ha	ispital) attended t	he deceased from	n May	19		2-4/-			
saw the deceased alive an	5-27-61	19 and that	death accurre	d at 0 . 4	My from th	e causes ar	d an the d	ate state	ed abov
22o. SIGNATURE									226. DATE
an.	Bonz m	-2	M.D. PHYS.	G MEI	ECTOR	STAFF PHYS.	5/2	9/6	SIGNE
22c. PHYSICIAN'S			22d. ADDR	ESS					
NAME (Type) A. N.	BARR.	M.D.		CRIS	FIEL	D, MAI	RELAND	D	
230. BURIAL, CREMATION, 23b. DATE		NAME OF CEMETERY	OR CREMATORY			N (City, town,			1-4-1
PEMOVAL (Specify)									tote)
	10, 1961		emetery	7		eld, M			
24, FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		25a. REC'D	BY REGISTRA	R 25b. REGI	STRAR'S SIGN	ATURE	
Bradshaw & Sons. C	risfield,	Maryland		DATECTAL	1 161	0.1	8 Km	MA.	

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



TO HOSP	may be ren	TO FUNERAL	The Paris
VR 15	A	9/	59

MARYLAND STATE DEPARTMENT OF HEALTH

6050 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	0000		CERTIFICA	ATE OF DI	EATH				_0	60.	37
1, PLACE OF DEATH o. COUNTY	Somerset		MARYLAND	- CTAYE	ence (wheel)		tived. If institution b. COUNTY	Some		odmiss	ion)
b. CITY OR TOW RURAL and giv	N (If outside corporate lin	nits, write	c. LENGTH OF STAY IN 16	1 100	own (# o		te limits, write R	URAL ond	give neare	esi town)
d. NAME OF HO OR INSTITUTE	SPITAL (If not in hospital, Jacksonville	give street of Roa.c	oddress)	d. STREET A		nville	Road			ON A	FARM?
3. NAME OF DECEASED (Type or print)		Irst JLAH	ELIZABETH	DIZE		4, DATE OF DEATH	May May		Doy		Year 19 61
5. SEX Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED A	Sept. 24			AGE (In years lost birthdoy) 62 yrs.	Hanihs Manihs		F UNDE Hours	Min.
ouring most of Secret	working life, even if retire	dì	KIND OF BUSINESS OR IND		ACE (State of		ntry)		S.A.		OUNTRY
13. FATHER'S NAME	Noah B. Di	ize				AME Daughe					
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FO	i		ss Vera I)ize	Jackso	nville I		Crisf	iel	d, Md
PART I. 420 Conditions,	immediate DUE To	o) <u>Co</u>	le for (a), (b), ond (c).]	and					INTER ONSE	T AND	TWEEN
20a. ACCIDENT OR CONTRIBUT	OTHER SIGNIFICANT COI WAS UNDERWING ING CAUSE OF DEATH IFF MEDICAL EXAMINER	20b. DESC	ONTRIBUTING TO DEATH BE					EN IN PAR		PERFO	AUTOPSY PRMED? NO
20c. TIME OF IN Hour a.	IJURY Month, Day, You	ear 20d. It While at war	Not while	PLACE OF INJURY (I ectory, street, office	Hame, form, bldg., etc.	20f. (City o	or fown)	(0	County)		(Stole
	eased alive an		ed the deceosed from 23.1961, and that		a 40/30/					stated	
22c. PHYSICIAN NAME (Typ	Sarah M. I		, M.D.		55	Cris	field, l				
23a. BURIAL, CREMA REMOVAL (Spe- BULL) 8.1	(ify) May 26,1		Sunnyridge (Crisf	ield, M	i.		(Stat	0)
24. FUNERAL DIRECT	or's signature naw & Sons	Crisfi	ADDRESS Leld, Md.			BY REGISTRA		Thus &			

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TO DEF MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any definis necessory, please exe-	cute it certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral cutor. Page 4 should be	forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your mes.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,	or removol

VS. A15ME(5) 5M 9/55 6051

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
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Part			3.3	D	₽J	6.	1.
Par	Dist	No	17	13	u	0	1

2. COUNTY	Somerset	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. If Ins b. COU	article .	e before odmission) PISet
Rural Pr	incess Anne	Life		outside corporote limits, wr	ite RURAL and gi	ive nearest tawn)
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in ho	pital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print)	Clarence		leath (m)	4. DATE Me		Day Year 19 61
s. sex male	6. COLOR OR RACE 7. MARRI White WIDOWE	DIVORCED	Nov. 21,190		a. Months Do	rys Hours Min.
Trucker	ION (Give kind of work done 10b. I ing lite, even if retired) X LaDOTET	KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Shore Md	or foreign country)		N OF WHAT COUNTRY
13. FATHER'S NAME James	Heath		14. MOTHER'S MAIDEN N Lottie	Reese		
15. WAS DECEASED ET (Yes, no. or unknown)	YER IN U. S. ARMED FORCES? 16.		ry Heath,	Princess A		
Thomas 27 / 28	DUE TO	for (a), (b), and (c).] gun wound - r	ight side of	eheek & head		INTERVAL BETWEEN ONSET AND DEATH Sudden
200. EXTERNAL CA	USE WAS 20b. DESCRIB	E HOW INJURY OCCURRED. (Ed			GIVEN IN PART 1(19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJU-	19 While of we	Not while facto	E OF INJURY (Hame, form ry, street, office bldg., etc.		(Count)	
	hot I took charge of the of the from: Natural couses	_	ide 🐧, Homicide			(A), and find the
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	R. H. Johnson, M	1.D.	_M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL (AL EXAMINER		DATE SIGNED 5/17/61
220. BURIAL, CREMATION OF THE MOVAL Specify	ON, 22b. DATE THEREOF 5/19/61	20c. NAME OF CEMETERY OR O		22d. LOCATION (City, New Princess		(Stote) Md •
23. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS Princess Ar	2.5		GISTRAR'S SIGNI	

- ARENCALESCAMINERS CERTIFICATE SELECTH a - I v X I Hard a u Sistem Mills I THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE RESERVE OF THE PARTY OF THE The Part of the Control of the Contr The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a COUNTY o. STATE **b** COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) the fune d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES ST NO [NAME OF First Middle 4. DATE Lod Year DECEASED DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost birthday) Months Dovs WIDOWED A DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? ITA SOCIAL SECURITY NO 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), sloting the underfring couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? NO [4 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 19 6/ that I last saw the deceased 21. I certify that Vottended the deceased from g, and that death occurred at 8 M, fram the causes and an the date stated above FADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 226. DATE THEREOF OR CREMATORY (State) REMOVAL (Specify) 23. FUNERÁL DIRECTOR'S/SIGNATHRE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE MAY 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, if institutions Residence before is new director. Pa-væur files. Health, .. COUNTY Somerset b. COUNTY Florida MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b, CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Westover weeks Belle Glade A STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street eddress) Boar ON A FARM? Westover Labor Camp 601 N.W. 14th Street YES NO death. 3. NAME OF M ddle Month DECEASED Yalanda the Chervlle Jones 19 67 (Type or print) DEATH May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX. IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years | IF JNDER 1 YEAR ₩Ith last birthday) Hours Female Colored WIDOWED I DIVORCED [and 27 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Belle Glade, Florida U.S.A. hin 24 hours Give Pages 1 ≣M3. Pag none none pages | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur Lee Jones Gussie Mae Morris F. O 15, WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17, INFORMANT Address permit. [Yas, no, or unknwn] | [[fyesgivawarordatesofservice] Gussie Morris Jones - 601 S.W. 14th Street 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Belle Glade, Florida ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchial Pneumonia 5 L days IMMEDIATE CAUSE (e)_ ed bluods Office DUE TO Conditions, if any, which geve rise to immadiate couse (13 DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 NO 70 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief age 3 to buri 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While Hour e.m. et work | et work | 21. I certify that I took charge of the remains described above, held an Autopsy |]. Inspection X Inquiry and in my opinion 0 Natural causes X. Accident Su cide | Homic'de Undetermined manner death resulted from. forwar L TIR CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be to SIGNATURE DEPUTY MEDICAL EXAMINER H. Johnson. Princess Anne, Maryland NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta) 220. BURIAL, CREMATION, REMOYAL (Specify) 4 🖺 2 Burial Princess Anne. Maryland (Somer John Wesley Cemetery 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FINERAL DIRECTOR VS. A15ME Cirthur & House



Bradshaw & Sons, Crisfield, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

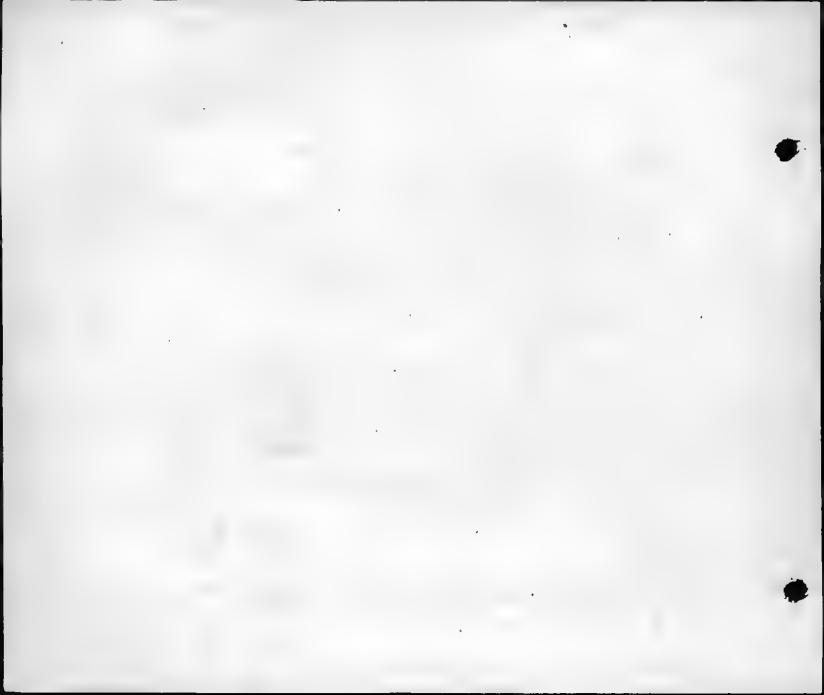
CERTIFICATE OF DEATH

if director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b** COUNTY Somerset MARYLAND Marvland Somerset funeral CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þe RURAL and give nearest town) should Marion Station Crisfield vear d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 2 Dorsey Care Home YES NO IX puc NAME OF First Middle Last 4. DATE Month Day Year GG DECEASED LYDIA C. LANKFORD DEATH May 61 death. (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE fin years last birthday) Months Days Hours White Sept. 26. 1869 Female WIDOWED DIVORCED | papers. 12 CITIZEN OF WHAT COUNTRY? 10g USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) during most of working life, even if retired) USA Teacher Public Schools Maryland pau 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME 103 Benjamin Coulbourne Annie Marshall ещале IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address No or unknown) None Edward Lankford, Severna Park, Maryland None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 늅 PART I, DEATH WAS CAUSED BY: - Cerebral Hemontines permit. Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY emalion. PERFORMED? YES NO 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206/DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) Day, Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a.m. While Not while p. m. of work at work 21 I certify that (1) (this hospital) attended the deceased from at murry 1951 pac Mirram the causes and on the date stated above. 196/ and that death accurred at saw the deceased alive on 22o. SIGNATURE 22b.DATE SIGNED STAFF PHYS MED. ac pe MD 22c PHYSICIAN'S 22d ADDRESS 3 should NAME (Type) George C. Coulbourne, M. D. Marion Station, Maryland 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 23g BURIAL, CREMATION, (Stote) page the Sta REMOVAL (Specify) St. Paul's Cemetery Marion Station, Maryland 1961 o 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 2So. REC'D BY REGISTRAR Unlive S. House

DATE MAY 25 '61

ij completely pup physician ottending ‡ þ signed has been affending certificate After toy be remained by the FUNERAL DIRECTOR: OR

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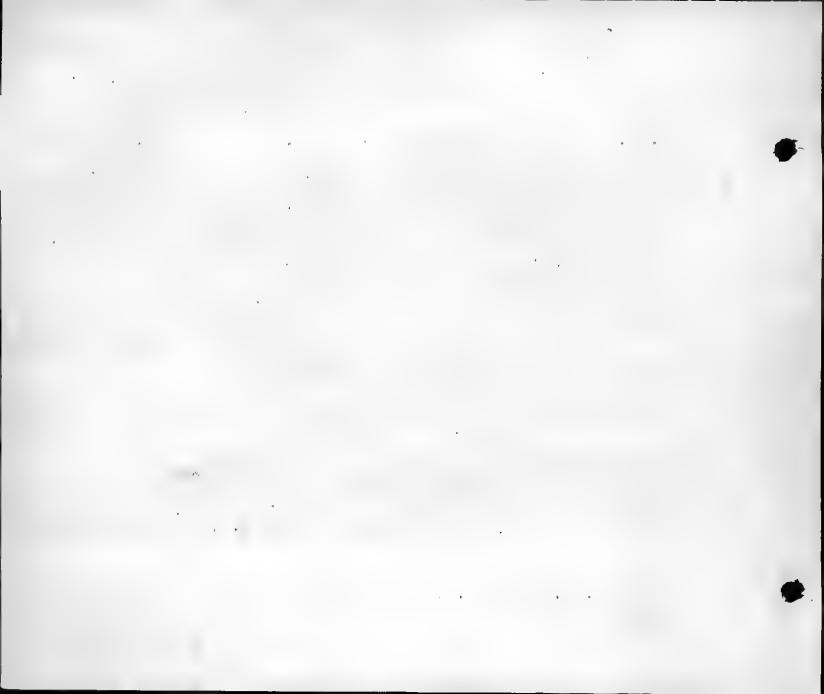


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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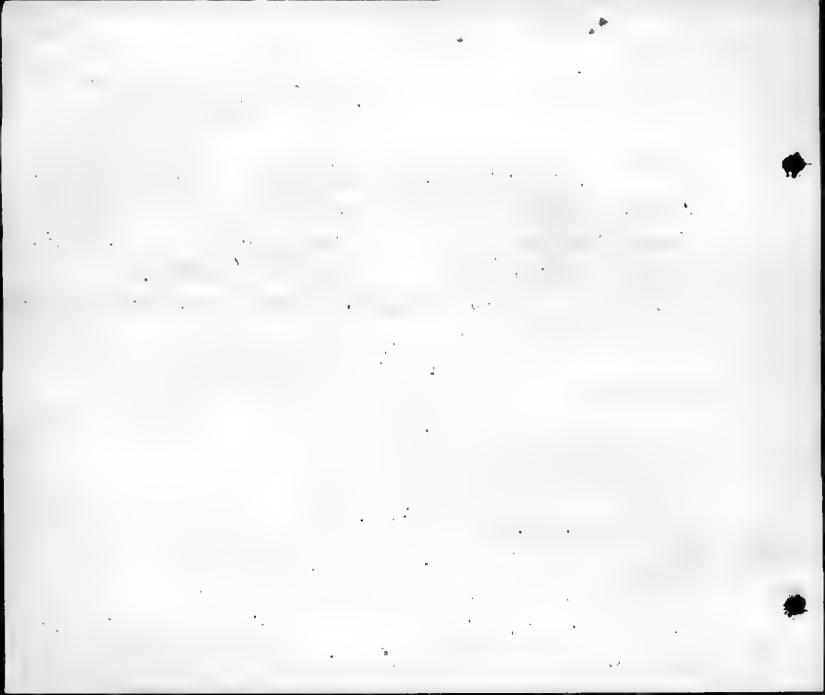
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E	NAME OF HOSPITA	MCCRFADY			Hos.		STREET	ADDRESS S.	SOME	RSET	AV	E .		ON	SIDENCE A FARM? NO 🔀
Ľ	NAME OF DECEASED Type or print)	Bessie		Gladding				RKS	4. DATE OF DEATH		Mont	Y	9		Year 19 <i>61</i>
5 S	ex Fem al e	6. COLOR OR RACE WHITE	7 MAR WIDOW		CED	l .	TE OF BIR		1894	9 AGE (In lost biel	years iday) yrs	Months Manths	Days	Hours	Min.
10a	USUAL OCCUPATION during most of work	PN (Give kind of work of ing life, even if retired)	one 10b.	. KIND OF BUSINESS	OR INDI	JSTRY			te or foreign o	ountry)		12 CIT	IZEN OF		COUNTRY
13	FATHER'S NAMELOYD	GLADDÈR	g			14		TTTI	ANN	HUR	LEY				
	WAS DECEASED EVER	R IN U. S. ARMED FOR(TES? 16.	SOCIAL SECURITY I	1.0	INFORA		ENNI	rs, C	RISF.	Addr IEL		Mar	YLA	AND
	PART I. DEA	TH [Enter on y ane co TH WAS CAUSED BY- IMMEDIATE CAUSE (o) DUE TO		Certain		7.7.	mul	oans					ONS	(Lowy	ETWEEN D DEATH
NO	Conditions, if or gove rise to it cause (a), stating lying cause lost. Page 11. OTH	mmediate Dus TO						TO THE TER	MINAL DISEAS	SE CONDITIO	DN GIV	EN IN PAI	RT 1(a) 1	9. WAS	AUTOPSY
ICAT O	2.	montelie ?	17.00	Le elece	12'2	1-42	n -	1 ye	agovin "					PERF	ORMED?
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b DE:	SCRIBE HOW INJURY	OCCURR	ED, (En	ler noture	of injury i	in Part I or Pa	rl II of item	IB.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While	INJURY OCCURRED B. Not while ork at work				(Home, fa ice bldg., (etc.)	y or lown)			(County)		(Stote
	21. I certify that (I) (this hospital) attended the deceased fram. Juliu 7. 19 4 that (I) (we) las saw the deceased alive an 5-9-61 19 and that death occurred at M. from the causes and an the date stated above														
	220. SIGNATURE	C1. 17. 130	w.	ry 2.		M.D.			MED. DIRECTOR	STAFF PHYS.	J			2	2b DATE SIGNE
	22c PHYSICIAN'S NAME (Type)	A. N. BA	RR	$M \cdot D \cdot$			22d ADD		STRE.						Mn.
23a	BURIAL, CREMATIO	5/12/6	I.	Sunny:	emetery ridg	OR CRE	MATORY		23d LOCA HC	pewe	II,	or county)	Md.	(Ste	ole}
24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS Crisf:	ield	, N	ld.		C'D BY REGIS		REGIS	STRAR'S S	GNATU	RE	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission for your files. e. COUNTY b. COUNTY Somerset Somerset Maryland death. If a hard any is necessare and 3 to the funeral director, Pag MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give neares) town) write RURAL and give nearest town) Eden Eden Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? with the State B YES NO NAME OF First Middle Last 4. DATE Month Dav DECEASED OF Bobbie 1061 Polk (Type or print) DEATH May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED POR S. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. s 1, 2, and 3 age 5 = y 1 and 2 wit lest birthday) Hours Male Colored WIDOWED [10a. USJAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! in Item 18. Give Pages 1, 2 done during most of working life, even if retired) Eden, Maryland U.S.A. none none pages 1 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bessie Armwood 00 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO.1 17. INFORMANT Address with for permit. (Yes, no, or unkown) | (Ifyes give war or dates of service) Bessie Polk - Eden, Maryland any 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN e along BNSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchial Penumonia and pencil IMMEDIATE CAUSE (a) Office burial-DUF TO remoyal, (a) MEDICAL EXAMILER: This pertificate sharing Prematurity .5 Conditions, if any, which execute the certificate, writing the word "pending execute the certificate, writing the word "pending execute the chief Madical Examiner's formation of the used as a gove rise to immediate cause **DUE TO** (e), stating the underlying Ö **cremation**, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTORSY CERTIFICATION PERFORMED? NO TA 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) burial PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 its designated agent, prior to buri WEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 1 20f. [City or lown] (County) (Slele) fectory, street, office bldg., etc.) While Not While Hour A.m. at work et work Inspection X 21 I certify that I took charge of the remains described above, held an Autopsy [Inquiry X and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Johnson, M.D. DEPUTY MEDICAL EXAMINER X pluods Princess Anne. Maryland NAME (Type) Address (Street, city, town, or county) 6956 226. BURIAL, CREMATION, 225 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) 240 p Flowers Hill Eden. Maryland Burial FUNERAL DIRECTOR ADDRESS. 24a. REC'D BY REGISTRAR I 246. / REGISTRAR'S SIGNATURE VS. AISME SM 9/60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If b. Co. STATE b. Co.	OUNTY
b. CITY OR TOWN (If outside corporate limits		MAR YLAND c. CITY OR TOWN (If outside corporate limits,	SOMERSET write RURAL and give nearest town)
RURAL and give nearest town) CR ISFIELD	13 DAYS	-Pausanten Ru	ral-Westover
d. NAME OF HOSPITAL (If not in hospital, gir	ve street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
E.W. MCUREADY MEI	MORIAL HOSP.		YES TO I
3. NAME OF DECEASED (Type or print) SADIE	MARGARET	WILKENS 4. DATE OF DEATH	Month Day Year MAY 14 19 6
	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (III 1 1 1 1 1 1 1 1 1	n years IF UNDER 1 YEAR IF UNDER 24 HRS. thdoy) Months Doys Hours Min.
Too. USUAL OCCUPATION (Give kind of work d			12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	***	WESTOVER, MARY	CLAND USA
HOUSEWIFE 13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0.021
WILLIAM REAU	ICHAMD	VIRGINIA RIGG	TAI
IS. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address
(Yes, no. or unknown) (If yes, give wer or detes all set		PAUL WILKENS JR., I	POCOMOKE, MD.
PART I. DEATH (Enter only one countries of the countries	4	eart-Usemia - &	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the <u>under-lying</u> couse last. (b)	Chrome dut Ne	phritis . Myrauditis	year.
10)	neval arleno	NOT RELATED TO THE TERMINAL DISEASE CONDITI	ION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item	18.)
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19	r 20d. INJURY OCCURRED While Not while of work ol work	ACE OF INJURY (Home, form, 20f. (City or lown) ctory, street, office bldg., etc.)	(County) (State)
21. I certify that (I) (this haspital) saw the deceased alive anMa		death accurred at M, from the cau	
220. SIGNATURE Seurcy (BC)	Julbrun -	M.D. PHYS. ATTENDING MED. STAFF	□ 5-15-61
226 PHYSICIAN'S NAME (Type) GE OR GE (G. COULBOURN,	M.D. MARION STATI	
230. BURIAL CREMATION, 23b. DATE THEREO BERMOVAL (Specify) 5-16-6		aptist Rehobe	
24 FUNEBAL DIRECTOR'S SIGNATURE	ADDRESS		B. REGISTRAR'S SIGNATURE
King & D. Wilson	Pocomoke C1	THE MAI DATE MAY 1 8 '61	Orthor S. Thous

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O DE IT MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any diversion, please ex-	00	pa	MA
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6059 Reg. Dist. No. []

a. COUNTY	omerset	MARYLAND	o. STATE Md	A	Y Somerset			
and give nearest tox	If outside corporate limits, write RUR on ess Anne	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne					
d. NAME OF HOSPI	TAL OR INSTITUTION (IF no	t in hospital, give street address)	d. STREET ADDRESS Pine St	treet	e, is residence on a farm? Yes \ no _K			
3. NAME OF DECEASED (Type or print)	Clara	Middle Llewellyn V	Vilkerson	DATE Month OF DEATH May				
female			DATE OF BIRTH June 14, 1881	9. AGE (In years lost birthday) yrs.	Months Days Hours Min.			
10a. USUAL OCCUPAT during most of work housewi	ing life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote of New York		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Freder	ick Llewel	lyn	14. MOTHER'S MAIDEN NA Clara	ME ?				
15. WAS DECEASED E	VER IN U. S. ARMED FORCES (If yes, give war or dates of service		rs. Betty O	wens, Prince				
Canditions, if gave rise to imm (a), stoling the cause lost.	underlying DUE TO	Acute Coronary H		aldisease condition giv	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?			
	DITRIBUTING D JRY Month, Day, Year 19	While of work of work the remoins described obo	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote) Inquiry [X], and find that couse []. DATE SIGNED 5/17/61			
	2/13/07	22c. NAME OF CEMETERY OR St. Andrew	S 240. REC'D	Princess A	inne, Md.			
Dones 7	Verenon	Princess A	nne, Ma	1 9 '61	that &. Theren			

VS. A15ME(5) 5M 9/55

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